TRANSMITTAL SLIP 3/11/63			
TO: DAI	O/OSA		
ROOM NO.	BUILDING		
REMARKS:  Note by	Dr. Scovil	le on	2284-63;
tested th	eked by the nis equipment had this	nent in U-	2's yet?
	1	H. S.	
	10 to 10		
FROM:	DD/R		
ROOM NO.	BUILDING		EXTENSION
FORM NO .241	REPLACES FORM 3		70-439445 (47)

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